

ATLANTIC CRAFT TRADE SHOW
Incoming Buyer Program
BUSINESS PROFILE

YES, I WOULD LIKE TO BE CONSIDERED AS A PARTICIPANT FOR THE *INCOMING BUYERS PROGRAM*.

(Please Print)

BUSINESS NAME: _____

ADDRESS: _____

STATE/PROV. _____ **POSTAL/ZIP** _____

CONTACT PERSON: _____

POSITION: _____

PHONE NO: _____ **FAX:** _____

EMAIL: _____ **WEBSITE:** _____

YEARS IN BUSINESS: _____ **NO. OF STORES:** _____

NO. EMPLOYEES FULL-TIME: _____ **PART-TIME:** _____

OPEN YEAR ROUND: _____ **SEASONAL (WHEN):** _____

BRIEF DESCRIPTION OF HANDCRAFTED LINES THAT YOU CURRENTLY CARRY:

(Please indicate any Canadian handcrafted products)

What types of NEW products, categories or lines are you currently looking to source:

Trade References - Please provide two wholesale giftware trade references:

Please return form to:

ATLANTIC CRAFT TRADE SHOW
Attn: BERNARD BURTON, Director
1574 Argyle St., Suite 15, Box 3
Halifax, NS Canada B3J 2B3